

STATE OF WISCONSIN Division of Hearings and Appeals

In the Matter of



DECISIONCase #: MPA - 174873

PRELIMINARY RECITALS

Pursuant to a petition filed on June 7, 2016, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Division of Health Care Access and Accountability regarding Medical Assistance (MA), a hearing was held on July 12, 2016, by telephone.

The issue for determination is whether a prior authorization for a lower partial denture may be approved for Medicaid payment.

There appeared at that time the following persons:

PARTIES IN INTEREST:

Petitioner:

Respondent:

Department of Health Services

By: DDS, written submission

Division of Health Care Access and Accountability PO Box 309 Madison, WI 53701-0309

ADMINISTRATIVE LAW JUDGE:

David D. Fleming Division of Hearings and Appeals

FINDINGS OF FACT

- 1. Petitioner (CARES #) is a resident of Winnebago County.
- 2. A prior authorization request seeking Medicaid payment for a mandibular (lower) partial denture for Petitioner was filed with the Medicaid program on May 12, 2016.
- 3. Petitioner's current lower partial is 4 years old. He has had 2 additional teeth extracted due to abscess and one of those was the anchor for his current partial.
- 4. The PA noted at Finding # 2 was denied by the Medicaid program. Petitioner timely appealed.
- 5. The Department concluded that Petitioner's gum disease and bone loss in the area of the lower jaw involved here would likely result in Petitioner needing another new denture in less than 5

years and that his overall periodontal health does not meet Medicaid standards necessary to approve this request.

DISCUSSION

Partial dentures are paid for by Medicaid in Wisconsin if the following requirements are met:

Topic #2895

Partial Dentures

Wisconsin Medicaid reimburses for partial dentures *only* for members with good oral health and hygiene, good periodontal health (AAP Type I or II), and a favorable prognosis where continuous deterioration of teeth and periodontal health is not expected.

A member qualifies for a partial denture if any of the following criteria are met:

- One or more anterior teeth are missing.
- The member has less than two posterior teeth per quadrant in occlusion with the opposing quadrant.
- The member has at least six missing teeth per arch, including third molars.
- A combination of one or more anterior teeth are missing, and the member has less than two posterior teeth per quadrant in occlusion with the opposing quadrant.
- The member requires replacement of anterior teeth for employment reasons.
- Medically necessary for nutritional reasons documented by a physician.
- Unusual clinical situations where a partial is determined to be necessary based on a comprehensive review of the dental and medical histories.

If placement of a partial denture in an arch provides at least two posterior teeth (posterior teeth are bicuspids and molars only) per quadrant in occlusion with the opposing quadrant, the opposing partial, if requested, may not be authorized unless the member also has an anterior tooth missing in that arch.

https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=15&s=2&c=527&nt=Partial+Dentures

Here the Department denied the request. The reason is that the Department concluded that Petitioner's periodontal health is not sufficient to qualify him for the lower partial. The Department reasoned that Petitioner's prognosis for the partial was not favorable and that Petitioner would likely need a new partial or complete lower and would not be able to have that paid for by Medicaid as only one denture may be paid for by Medicaid in a 5 year period.

Petitioner testified that he has difficulty eating and that it is painful.

I am sustaining the denial. Petitioner's dental health is not good enough to support a partial lower denture.

The provider will not receive a copy of this Decision. Petitioner may provide a copy of this Decision to the provider.

CONCLUSIONS OF LAW

That the evidence is not sufficient to demonstrate that Petitioner's periodontal health meets the Medicaid standards necessary for the requested partial denture.

THEREFORE, it is

ORDERED

That this appeal is dismissed.

REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received** within 20 days after the date of this decision. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, **and** on those identified in this decision as "PARTIES IN INTEREST" **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Milwaukee,
Wisconsin, this 19th day of August, 2016
• •

David D. Fleming
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

Brian Hayes, Administrator Suite 201 5005 University Avenue Madison, WI 53705-5400 Telephone: (608) 266-3096 FAX: (608) 264-9885 email: DHAmail@wisconsin.gov Internet: http://dha.state.wi.us

The preceding decision was sent to the following parties on August 19, 2016.

Division of Health Care Access and Accountability